

Candidate and Political Committees'
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name LYNN POSEY
Full Address 1976 Posey Rd. Union Church, MS 39668
Telephone 601-786-6339 (Fax) _____
E-mail Psc regulator1@aol.com
Office Sought Public Service Commissioner Political Party Dem

RECEIVED
JAN 27 2010

Secretary of State
Delbert Hosemann

☒ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions \$ 18,700. ⁰⁰ \$ 5,820. ⁰⁰	\$ 24,520.00	\$ 24,520.00
Total amount of disbursements \$ 420.00 \$ 593.00	\$ 1,013.00	\$ 1,013.00
Total amount of cash on hand	\$ 23,507.00	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

1/29/10

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

LYNN POSER

Page 1 of 10

Reporting period

through

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify)			
Full name R. H. DUNLAP		__/__/__	\$ 1000 -
Mailing Address P.O. BOX 720		__/__/__	\$
City, State, Zip Code Batesville, MS. 38606		__/__/__	\$
Name of Employer (Required) SELF		__/__/__	\$
Occupation (Required) Mfg.		Aggregate year-to-date	\$ 1000 -
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify)			
Full name EDWARD HASKAYLO		__/__/__	\$ 1000 -
Mailing Address		__/__/__	\$
City, State, Zip Code Flowood, MS.		__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required) Retired.		Aggregate year-to-date	\$ 1000 -
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify)			
Full name Ted KENDALL		__/__/__	\$ 250 -
Mailing Address		__/__/__	\$
City, State, Zip Code Bolton, MS.		__/__/__	\$
Name of Employer (Required) SELF		__/__/__	\$
Occupation (Required) FARMING / BUS		Aggregate year-to-date	\$ 250
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify)			
Full name JOE FRANK SANDERSON JR.		__/__/__	\$ 500 -
Mailing Address		__/__/__	\$
City, State, Zip Code LAUREL, MS.		__/__/__	\$
Name of Employer (Required) SELF		__/__/__	\$
Occupation (Required) PROCESSING		Aggregate year-to-date	\$ 500

Name of Candidate or Committee APPage 2 of 10

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>RICHARD PUCKETT</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u>500</u>
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u>JACKSON, MS</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u>Puckett Equip</u>	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	<u>Sales</u>	Aggregate year-to-date	\$ <u>500 -</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>SARA JONES</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u>500</u>
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u>YAZOO CITY, MS</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u>SELF</u>	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	<u>Home maker</u>	Aggregate year-to-date	\$ <u>500</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>TIM BRELAND</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u>700</u>
Mailing Address	<u>17450 HWY 195</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u>Philadelphia, MS</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u>SELF</u>	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	<u>Logging</u>	Aggregate year-to-date	\$ <u>700</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Rolling Hills Ranch</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u>1000 -</u>
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u>JACKSON, MS</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000 -</u>

Reporting period through

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan☐ Other (please specify)

Full name

Drew St. JohnDate
(Mo., Day, Year)Amount of each
receipt
this period

Mailing Address

281 old IAX Rd.

City, State, Zip Code

MADISON, MS.

Name of Employer (Required)

Occupation (Required)

Aggregate
year-to-date\$ 1000 -B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan☐ Other (please specify)

Full name

DICK MOLPUSDate
(Mo., Day, Year)Amount of each
receipt
this period

Mailing Address

City, State, Zip Code

JACKSON, MS

Name of Employer (Required)

SELF

Occupation (Required)

TIMBER MGT.Aggregate
year-to-date\$ 500 -C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan☐ Other (please specify)

Full name

BILL KENNEDYDate
(Mo., Day, Year)Amount of each
receipt
this period

Mailing Address

City, State, Zip Code

INVERNESS, MS

Name of Employer (Required)

SELF

Occupation (Required)

FARMER / BAAggregate
year-to-date\$ 250D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan☐ Other (please specify)

Full name

MARC BRANDDate
(Mo., Day, Year)Amount of each
receipt
this period

Mailing Address

City, State, Zip Code

JACKSON, MS.

Name of Employer (Required)

SELF

Occupation (Required)

ATT.Aggregate
year-to-date\$ 500

Reporting period 2/09 through 12/09

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		_____	\$
Mailing Address		_____	\$
City, State, Zip Code		_____	\$
Name of Employer (Required)		_____	\$
Occupation (Required)		Aggregate year-to-date	\$ 500
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		_____	\$
Mailing Address		_____	\$
City, State, Zip Code		_____	\$
Name of Employer (Required)		_____	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		_____	\$
Mailing Address		_____	\$
City, State, Zip Code		_____	\$
Name of Employer (Required)		_____	\$
Occupation (Required)		Aggregate year-to-date	\$ 250
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		_____	\$
Mailing Address		_____	\$
City, State, Zip Code		_____	\$
Name of Employer (Required)		_____	\$
Occupation (Required)		Aggregate year-to-date	\$ 500

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name

Baker Engineering

Mailing Address

City, State, Zip Code

JACKSON, MS

Name of Employer (Required)

Occupation (Required)

Date
(Mo., Day, Year)Amount of each
receipt
this period

_ / _ / _

\$ 1000 -

_ / _ / _

\$

_ / _ / _

\$

_ / _ / _

\$

Aggregate
year-to-date

\$ 1000 -

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name

Deviney Construction

Mailing Address

City, State, Zip Code

JACKSON, MS.

Name of Employer (Required)

Occupation (Required)

Date
(Mo., Day, Year)Amount of each
receipt
this period

_ / _ / _

\$ 1000

_ / _ / _

\$

_ / _ / _

\$

_ / _ / _

\$

Aggregate
year-to-date

\$ 1000 -

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name

Densbury

Mailing Address

City, State, Zip Code

Houston, TX

Name of Employer (Required)

Occupation (Required)

Date
(Mo., Day, Year)Amount of each
receipt
this period

_ / _ / _

\$ 1000 -

_ / _ / _

\$

_ / _ / _

\$

_ / _ / _

\$

Aggregate
year-to-date

\$ 1000 -

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan☐ Other (please specify) _____

Full name

Ben Puckett Sr.

Mailing Address

City, State, Zip Code

JACKSON, MS

Name of Employer (Required)

SELF

Occupation (Required)

Sales

Date
(Mo., Day, Year)Amount of each
receipt
this period

_ / _ / _

\$ 500 -

_ / _ / _

\$

_ / _ / _

\$

_ / _ / _

\$

Aggregate
year-to-date

\$ 500

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	JOHN CORLEW	___/___/___	\$ 250
Mailing Address		___/___/___	\$
City, State, Zip Code	JACKSON, MS	___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)	Att.	Aggregate year-to-date	\$ 250
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	STERNILL WALLACE	___/___/___	\$ 250
Mailing Address		___/___/___	\$
City, State, Zip Code	BROOKHAVEN, MS	___/___/___	\$
Name of Employer (Required)	SELF	___/___/___	\$
Occupation (Required)	FARMER	Aggregate year-to-date	\$ 250
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	LARUE BAKER	___/___/___	\$ 1000 -
Mailing Address		___/___/___	\$
City, State, Zip Code	BROOKHAVEN, MS	___/___/___	\$
Name of Employer (Required)	SELF	___/___/___	\$
Occupation (Required)	PHARMACIST	Aggregate year-to-date	\$ 1000 -
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	UNITED PLUMBERS	___/___/___	\$ 500 -
Mailing Address		___/___/___	\$
City, State, Zip Code	VICKSBURG, MS	___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500 -

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	CLAY BLALACK	__/__/__	\$ 250
Mailing Address		__/__/__	\$
City, State, Zip Code	Gulfport, MS	__/__/__	\$
Name of Employer (Required)	SELF	__/__/__	\$
Occupation (Required)	Sales		Aggregate year-to-date \$ 250
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	NEWTON CO. BANK	__/__/__	\$ 250
Mailing Address		__/__/__	\$
City, State, Zip Code	Newton, MS	__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required)		__/__/__	Aggregate year-to-date \$ 250
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	JIM SHANNON	__/__/__	\$ 250-
Mailing Address		__/__/__	\$
City, State, Zip Code	Hazelhurst, MS	__/__/__	\$
Name of Employer (Required)	SELF	__/__/__	\$
Occupation (Required)	ATH	__/__/__	Aggregate year-to-date \$ 250
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	GREG LOFTON	__/__/__	\$ 500-
Mailing Address		__/__/__	\$
City, State, Zip Code	Brookhaven, MS	__/__/__	\$
Name of Employer (Required)	SELF	__/__/__	\$
Occupation (Required)	A/C Sales	__/__/__	Aggregate year-to-date \$ 500-

Reporting period through

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan☐ Other (please specify)

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
GASTON BARRETT	__/__/__	\$ 500
Mailing Address	__/__/__	\$
P.O. BOX 518	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Philadelphia, MS	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
SELF	__/__/__	\$
Occupation (Required)	__/__/__	\$

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan☐ Other (please specify)

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
CARROLL HOOD	__/__/__	\$ 250
Mailing Address	__/__/__	\$
P.O. BOX 727	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Hazelhurst	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
SELF	__/__/__	\$
Occupation (Required)	__/__/__	\$
Patr. Mkt.	__/__/__	\$

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan☐ Other (please specify)

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
J. ED MORAN	__/__/__	\$ 250
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Hattiesburg, MS.	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
State	__/__/__	\$
Occupation (Required)	__/__/__	\$
Revenue	__/__/__	\$

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Derrin Equipment	__/__/__	\$ 1000 -
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
JACKSON, MS	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	__/__/__	\$
Aggregate year-to-date	__/__/__	\$ 1000 -

Name of Candidate or Committee AK

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name	FARMERS MKT Grill	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$ 426
City, State, Zip Code	JACKSON, MS	___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 420
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$